

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE - Credentialing Division
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2117

TEMPORARY PRACTITIONER REGISTRATION

**COSMETOLOGY, ELECTROLOGY
ESTHETICS or NAIL TECHNOLOGY**

Indicate the type of student

Cosmetologist
Electrologist
Esthetician
Nail Technician

Print or Type

FEE: \$15.00**(Make payable to the Credentialing Division)**
SECTION A - PERSONAL INFORMATION (All applicants must complete this section) **This section is public information and will be displayed on the INTERNET (<http://www.hhs.state.ne.us/lis/lisindex.htm>)**

1	NAME:	First	Middle	Last
2	ADDRESS:	Street/PO/Route		
		City	State	Zip

SECTION B - COSMETOLOGY/ESTHETICIAN EDUCATION - (All applicants must complete this section)

1	SCHOOL/APPRENTICESHIP ATTENDED:			
2	LOCATION:	Street/PO/Route		
		City	State	Zip

SECTION C - SALON INFORMATION (All applicants must complete this section)
The below Information must be taken from the current salon license:

Name of Salon Owner			
Name of Salon where practice will occur			
Location:	Street/PO/Route:		
	City:	State:	Zip:
Salon License Number			
OPTIONAL - Telephone Number			

Supervisor(s) information - licenses must be active and appropriate to the category being supervised:

Name of Designated Supervisor	
Designated Supervisor's License #	
Name of Alternate Supervisor	
Alternate Supervisor's License #	

SECTION D - EXAMINATION INFORMATION (All applicants must complete this section)

1. I HAVE APPLIED TO TAKE THE LICENSURE EXAMINATION SCHEDULED FOR: _____
(Month & Year of Examination)

NOTE: The temporary registration will NOT be issued until the application for licensure by examination & fee has been received and approved by the Department.

SECTION E - ATTESTATION (All applicants for registration must complete this section of the application)

Applicant Complete the following

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

I further state that:

I have not practiced in Nebraska prior to this application for licensure; **or**

I have practiced for _____ number of days in Nebraska prior to this application for licensure.

(Signature of Applicant)

_____ date

SECTION F - ATTESTATION OF SUPERVISORS (Both the designated supervisor and the alternate supervisor must complete this section of the application)

Supervisor(s) Complete the following

I (we) are the person(s) referred to on this application and that the statements herein are true and complete.

Furthermore, it is understood that a registered temporary practitioner must be supervised at all times by the designated licensee or alternate licensee named on this application and agree to supervise the applicant whose name appears on this application.

DESIGNATED SUPERVISOR'S SIGNATURE

(License Number)

_____ date

ALTERNATE SUPERVISOR'S SIGNATURE

(License Number)

_____ date